


Shown below is your submission to on Monday 10th of April 2017 05:00:43 PM

This form resides at <http://www1.nyc.gov/site/opa/forms/fica-refund-claim-inquiry-form.page>

<b>First Name</b>	Jacquelyn
<b>Last Name</b>	N'Jai
<b>Company Name</b>	New York City Board of Education
<b>Address</b>	PO Box 10133
<b>Apartment/Suite Number</b>	
<b>City</b>	Pittsburgh
<b>State</b>	PA
<b>ZIP/Postal Code</b>	15232
<b>textfield</b>	
<b>Phone</b>	
<b>Email</b>	jredeemed@gmail.com

**Message**

This is another request for my 1985-1990 employment/payroll records. I have asked multiple times and never got the information yet. Please consider this as a Right to Know Request for payroll information for 1984-1990. Thanks, Jacquelyn B. N'Jai

Menu

## Payroll

Search

Direct DepositCommuterTaxOther Forms

Select



- LoDI Refund Claim Inquiry

## FICA Refund Claim Inquiry Form

The City filed refund claims for both the employer's and employees' share of the FICA taxes paid on LoDI payments received by eligible uniformed members of the City's Correction, Fire, Police and Sanitation departments for a period of six months or less for the years 1989 through 2005.

The City filed refund claims for both the employer's and employees' share of the FICA taxes paid on LoDI payments received by eligible employees of the City's Department of Education and District Attorney offices of New York, Bronx, Queens, Kings, Richmond Counties and Special Narcotics for a period of six months or less for the years 1989 through 2005.

Please note: Completing this form will not change the City's Payroll Management System address. Should you choose to change the City's Payroll Management System address, you must contact your City agency's personnel division to change your address.

Send an inquiry to:

**FICA Refund Claim Unit**

The Office of Payroll Administration

### Note:

If you believe your address must be changed, complete the Change of Employee Address for FICA Refund Claim form and follow the instructions on the form.

Contact information (email, name and mailing address, or phone) is REQUIRED if you would like a reply.

Email is required for you to receive an acknowledgement of receipt.

### \* Indicates required fields

First Name\* Jacquelyn

Last Name\* N'Jai

Company Name New York City Board of Education

Address PO Box 10133  
Apartment/Suite Number  
City Pittsburgh  
State Pennsylvania ✓  
ZIP/Postal Code 15232  
Text field  
Phone 412 980 5746  
Email jredeemed@gmail.com

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I'm not a robot

Please carefully review the information that you have entered before hitting the Submit button.

Submit Reset